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**NOTICE OF FILING/CLAIM FEE(S) DUE**  
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THE  
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: \_\_\_\_\_

**Total Fee Calculation**

|                         | Fee Code | Total<br># Claims | Number<br>Extra | X  | Fee        | Fee =      | Tot. |
|-------------------------|----------|-------------------|-----------------|----|------------|------------|------|
|                         | Sm./Lg.  |                   |                 |    | Sm. Entity | Lg. Entity |      |
| Basic Filing Fee        | 201/101  |                   |                 |    |            | 760        | 760  |
| Total Claims >20        | 203/103  | 45                | -20 =           | 25 | X          | 18         | 45   |
| Independent Claims >3   | 202/102  |                   | -3 =            |    | X          |            |      |
| Mult. Dep Claim Present | 204/104  |                   |                 |    |            |            |      |
| Surcharge               | 205/105  |                   |                 |    |            | 130        | 130  |
| English Translation     | 139      |                   |                 |    |            |            |      |

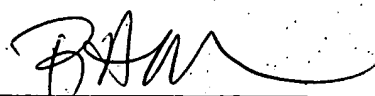
**TOTAL FEE CALCULATION**

Fees due upon filing the application:

Total Filing Fees Due = \$ 1340

Less Filing Fees Submitted - \$           

**BALANCE DUE** = \$ 1340

  
Office of Initial Patent Examination